Department of Environmental Protection Solid & Hazardous Waste Regulation Element **Manifest Section**

P.O. Box 421

401 East State Street

Trenton, New Jersey 08625-0421

"Request to Deactivate EPA ID Number"

	THE ALTERNATION OF THE PARTY OF
	ID No. NJR 00 00 22673
Com	pany Name: Computer Sciences Corp
Site A	Address: 301 Harpar Drive Moorestown
	$ \begin{array}{c c} \text{(street)} \\ \text{(zip code)} \end{array} $ $ \begin{array}{c c} \text{(city / town)} \\ \text{(block)} \end{array} $
(St	O.D. Rm/
Mail	ing Address: 304 W. Rt 38, 1038 MOOR Stown
	(street /P.O. box) (city / town) New Jersey 08057
	(state) (zip code)
Com	pany Contact: Sam Kiechmann 856-252-3911 (name) (area code and phone number)
Reas	sons for deactivating EPA ID No. (Check all appropriate boxes.)
0	The EPA ID number was obtained for a one time cleanup which is completed.
0	The site has completed an ECRA cleanup (indicate ECRA Case #)
0	Other Duplicate See NJX000327932
Is th	e site presently occupied? (circle ver) or no
	and date the application below, and retain the last bage (pink copy) for your records. SAM KIPCHMANN (printed name) (signature) 4/4/08
G 1	(title) (date) (
>11D	mission of faise information is a violation of IN LA C. 1:70=3.0 and IN LAC. 1:70=7.3.

copies: NJDEP/DSHW Manifest section (address above) Applicant is to keep a copy





ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/19/98

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJR000022673

FACILITY NAME -> COMPUTER SCIENCES CORP

MAILING ADDRESS -> 304 W RTE 38 PO BOX 1038 MOORESTOWN, NJ 08057-0902

INSTALLATION ADDRESS -> 301 HARPER DR MOORESTOWN, NJ 08057-0902

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION II 290 BROADWAY NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL. HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS

TO: BRIGHTLY, KATHERINE
SECURITY ADMIN
COMPUTER SCIENCES CORP
304 W RTE 38 PO BOX 1038
MOORESTOWN, NJ 08057-0902

Form Approved, OMB No. 2050-0028 Expires 10/31/99 GSA No. 0246-EPA_ROT

Piece rofer to Section V. Line-by-Line instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Recource Conservation and Recovery Act).

EPA Form 8700-12 (Rev. 10/09/96)

Notification of Regulated Waste Activity

Date Received (For Official Use Only)

United States Environmental Protection Agency

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Form Approved, OMB No. 2050-0028 Expires 10/31/99 GSA No. 0246-EPA-OT

	30 JAN 8 A	1111-04		ID - For Official	Use Only
	MAZARDOUS & SU	D A NC II			
I. Type of Regulated Wa	aste Activity (Mark 'X'	in the appropriate boxes. Re	efer to Instru	uctions)	
	A. Hazardous Waste				ecycling Activities
Generator (See Instruction a. Greater than 1000kg/mo (2 c. Less than 100 kg/m Transporter (Indicate 5 below) a. For own waste only b. For commercial pure 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	g/mo (2,200 lbs.) 220-2,200 lbs.) no (220 lbs) Mode in boxes 1-	3. Treater, Storer, Disposinstallation) Note: A prequired for this activinstructions. 4. Hazardous Waste Fuel a. Generator Marketing to b. Other Marketers c. Boiler and/or Industria 1. Smelter Deferral 2. Small Quantity E. Indicate Type of Corpovice(s) 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace Underground Injection	to Burner al Furnace exemption mbustion	Oil to Off-Sp b. Marketer W Used Oil Me Lused Oil Burn of Combustio a. Utility Boile b. Industrial E c. Industrial E Jused Oil Tran Type(s) of Co a. Transfer Fa Lused Oil Proc	rects Shipment of Used pecification Burner ho First Claims the sets the Specifications her - Indicate Type(s) in Device of coller hurnace hisporter - Indicate mbustion Device(s) r
K. Description of Regula	ated Wastes (Use add	ditional sheets if necessary) Wastes. (Mark 'X' in the box		104	
Algoritable (D001) 2. Corrosive (D002) X X X X X X X X X X X X X X X X X X X	3. Reactive (D003) Charles (D003) Charles (See 40 CFR 26 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	contaminant(s)) D 0 0 8 1.31 - 33; See instructions if y	hazardous wa B you need to 4 10 number; So	list more than 12 was 5	
X. Certification					
a system designed to as person or persons who r	manage the system, or the	t and all attachments were pre- tonnel properly gather and eva- those persons directly respons- accurate, and complete. I am and imprisonment for knowing Name and Official Title Katherine J. Brig	sible for gath aware that the violations.	ering the information iere are significant po	the information submitte

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only Form Approved, OMB No. 2050-0028 Expires 10/31/99 GSA NO. 0246-EPA-OT e refer to become instructions for Completing instructions for Completing Form \$700-12 before this form. The refer to Section Y, Line-by-Notification of Regulated **Date Received** (For Official Use Only) **Waste Activity** ution requested here is id by law (Bestion 3010 of United States Environmental Protection Agency Installation's EPA ID Number (Mark 'X' in the appropriate box) C. Installation's EPA ID Number B. Subsequent Notification A Initial Notification Transfer may be not in (Complete Item C) 25 IL Name of Installation (Include company and specific site name) 0 MP U E R S C 1 E RPORA Location of installation (Physical address not P.O. Box or Route Number) 2000年11日 一年三年一个一个一个一个 و المراجع الم R P E R RI E Street (Continued) -=7:-Tine Harris Will City or Town -13. 12.0011 State Zip Code 1 4 1 7 7 7 1 0 E N J 0 8 0 7 9 0 2 County Code 14. 12 \ A. J. J. T. 一一, 自然代子 4 1 25 N. Installation Mailing Address (See Instructions) Street or P.O. Box 3 0 4 EST RO E 3 8 P B City or Town State Zip Code 8 V. Installation Contact (Person to be contacted regarding waste activities at site) A CONTRACTOR OF THE PARTY OF TH は、大学に記 (First) Carried States 学过为自己 RIGHTLY K A T H E Phone Number (Area Code and Number) · VAL R MN Installation Contact Address (See Instructions) では、10mmに対する。 10mmに対する。 1 B. Street or P.O. Box XXX **一种,不是一种的一种,** State Zip Code VIL Ownership (See Instructions) A. Name of Installation's Legal Owner S N Arest, P.O. Box, or Route Number Termination with STAFER IT -446.1 1 0 G R D E N City or Town *** - W. S. ... State ZID Code 134. GUN 0 2 Phone Number (Area Code and Number) B. Land Type C. Owner Type D. Change of Owner (Date Changed) Day 5 3 P P X EPA Form 8700-12 (Day 100000)

--- C --- 0700,12 /DAY 1000/951

Form Approved. OMB No. 2050 0028 Expires 10/31/99 Please print or type with ELITE type (12 characters per inch) in the unshaded areas only GSA No. 0246-EPA-UT ID - For Official Use Only VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions) A. Hazardous Waste Activity **B. Used Oil Recycling Activities** 3. Treater, Storer, Disposer (at **Used Oll Recycling Marketer** Generator (See Instructions) installation) Note: A permit is a. Marketer Directs Shipment of Used a. Greater than 1000kg/mo (2,200 lbs.) Oll to Off-Specification Burner required for this activity, see b. 100 to 1000 kg/mo (220-2,200 lbs.) b. Marketer Who First Claims the instructions. c. Less than 100 kg/mo (220 lbs) Used Oil Meets the Specifications 4. Hazardous Waste Fuel Transporter (Indicate Mode in boxes 1-Used Oil Burner - Indicate Type(s) a. Generator Marketing to Burner 5 below) of Combustion Device b. Other Marketera a. For own waste only a. Utility Boller c. Boiler and/or Industrial Furnace b. For commercial purposes b. Industrial Boiler 1. Smelter Deferral c. Industrial Furnace 2. Small Quantity Exemption Mode of Transportation **Used Oil Transporter - Indicate** Indicate Type of Combustion 1. Alr Type(s) of Combustion Device(s) 2. Rail Device(s) a. Transporter 1. Utility Boiler 3. Highway b. Transfer Facility 2 Industrial Boller 4. Water Used Oll Processon/Re-refiner -3. Industrial Furnace Indicate Type(s) of Activity(les) 5. Other - specify 5. Underground injection Control a. Process b. Re-refine IX. Description of Regulated Wastes (Use additional sheets if necessary) A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24) 1. Ignitable (D001) 2. Corrocive (Dect) 1. Reactive A.Tamielty Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) D 00 8 X B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.) 2 3 0 0 F 3 9 10 7 8 11 12 C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.) 2,7-4-294 X. Certification I cartify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the bast of my knowledge and belief, true, accurate, and complete. I am sware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Name and Official Title (Type or print)
Katherine J. Brightly Signature **Date Signed** January 7, 1998 Security and Safety Administrator XI. Comments Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.) 52.0 1 1 1 years on 11 was 12 h

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